

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754434

1. Corporation Name

THE HACIENDAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
151 CYPRESS WAY, EAST
NAPLES FL 34110

Mailing Address
1040 6TH AVENUE, NORTH
NAPLES FL 34102

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90024 037 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/01/1980	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0233948	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

FOESMAN, WILLIAM
1040 6TH AVENUE, NORTH
NAPLES FL 34102

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCE, BRUCE	1.2 NAME	
STREET ADDRESS	151 CYPRESS WAY, EAST, #E103	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYCE, WALTER	2.2 NAME	
STREET ADDRESS	C/O GLADSTONE REALTY, LTD., 368 SLATER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA, ONTARIO, CANADA K1R5C-1	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHEAUME, ROBERT C	3.2 NAME	CAPRIO, THOMAS
STREET ADDRESS	C/O GLADSTONE REALTY, LTD., 368 SLATER ST.	3.3 STREET ADDRESS	151 CYPRESS WAY, EAST, #B107
CITY-ST-ZIP	OTTAWA, ONTARIO, CANADA K1R5C-1	3.4 CITY-ST-ZIP	NAPLES, FL 34110
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINO, JOSEPH	4.2 NAME	
STREET ADDRESS	151 CYPRESS WAY, #B101	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIEL, RICHARD	5.2 NAME	GIVENS, JOHN
STREET ADDRESS	151 CYPRESS WAY, EAST, #B104	5.3 STREET ADDRESS	151 CYPRESS WAY, EAST, #E101
CITY-ST-ZIP	NAPLES FL 34110	5.4 CITY-ST-ZIP	NAPLES, FL 34110
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 3-19-99 262-7866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CAPRIO Date Daytime Phone #

CR2E037-11/98